

9th Annual Southern and Caribbean Regional Meeting

November 13-16, 2006 • Charleston, South Carolina

Please print or type clearly. One form per registrant. (Due to liability issues, all guests must be 18 years of age or older.)

Name: _____ Preferred Name for Badge: _____

Title: _____ Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please list any dietary restrictions or ADA accommodations you may require: _____

Registration Fees: (Registration fee includes workshop sessions, field trip, breaks, lunches and welcome reception. Continental breakfast is included with hotel reservations. See agenda for details.)

Registration Rate: \$200 (Available until October 27, 2006)

Companion Tickets for Welcome Reception: \$25

*There is no extra charge to registered participants for the field trip listed below. However you **MUST** indicate whether you plan to attend. Space is limited.*

Caw Caw Interpretive Center Field Trip, Wed., Nov. 15 • 12-6 pm: ☐ Yes, I will attend ☐ No, I will not attend
(See agenda for details.)

TOTAL AMOUNT DUE: \$ _____

Payment Information: Payment may be made by check, money order or credit card. We cannot accept purchase orders. Registration is not considered complete without payment. You will be notified of registration confirmation within one week of payment.

☐ Check / Money Order enclosed (Made payable to SCDHEC, Tax ID # 57-6000286)

☐ Visa ☐ MasterCard ☐ Discover Card

Card number: _____ Exp. date: _____ CID Code (3-digit number on back of card) _____

Name on card: _____ Cardholder Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize SCDHEC to charge my credit card for the conference fees as indicated above.

Cardholder's signature (required): _____

Return payment and completed form by **October 27, 2006** via mail: SCDHEC/OCRM, 1362 McMillan Ave., Ste. 400, Charleston, SC 29405, or fax: 843-747-5847.

Cancellation Policy: All changes or cancellations must be made in writing. Refunds minus a \$40 processing fee will be made up to October 27. No refunds will be processed after this date, although substitutions are welcome.

For more information, please contact James Hackett, SCDHEC/OCRM at 843-744-5838 or hackettj@dhc.sc.gov.

*Accommodations must be made directly with the hotel. Contact Hampton Inn Charleston – Historic District at 843-723-4000 and reference code “OCR”. Reservations must be made by October 27 to guarantee GSA rate.